

AF
JWNOTICE OF APPEAL FROM THE EXAMINER TO THE
BOARD OF PATENT APPEALS AND INTERFERENCESDocket Number
13325.0036

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to the: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450
on April 25, 2005

In re Application of John K. Schneider et al.

Application Number 09/658,638

Filed September 11, 2000

For Mobile Fingerprint Scanner And Docking Station

Signature Martin G. Linihan
Typed or
Printed Name Martin G. Linihan

Group Art Unit 2621

Examiner D.M. Dang

Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner.

The fee for this Notice of Appeal is (37 CFR 1.17(b)) \$ 500.00

☐ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: \$ _____

A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.☐ The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.

☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. 08-2442.
I have enclosed a duplicate copy of this sheet.

☐ A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

I am the

- ☐ applicant/inventor
☐ assignee of record of the entire interest.
(See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)
☒ attorney or agent of record.
Registration number _____
☐ attorney or agent acting under 37 CFR 1.34(a)
Registration number if acting under 37 CFR 1.34(a) _____

Signature

Martin G. Linihan
Typed or printed name

Telephone Number

716-848-1367

Date

April 25, 2005

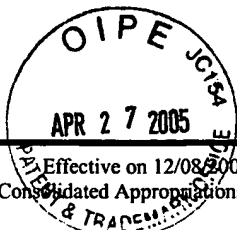
NOTE: Signatures of all the inventors of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required.

☐ Total of _____ forms are submitted.

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FEE TRANSMITTAL For FY 2005	Complete if Known	
	Application Number	09/658,638
	Filing Date	September 11, 2000
	First Named Inventor	John K. Schneider et al.
	Examiner Name	D.M. Dang
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27	Art Unit	2621
TOTAL AMOUNT OF PAYMENT (\$500.00)	Attorney Docket No.	13325.0036

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 08-2442 Deposit Account Name: Hodgson Russ LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☐ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☐ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims - 20 or HP = _____ x _____ = _____

HP = highest number of total claims paid for, if greater than 20

Indep. Claims - 3 or HP = _____ x _____ = _____

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____ - 100 = _____ / 50 = _____ (round up to a whole number)		_____ x _____ = _____		

4. OTHER FEE(S)

	Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)	
Other: <u>Notice of Appeal</u>	\$500.00

SUBMITTED BY		
SIGNATURE		Registration No. (Attorney/Agent) 24,926
NAME (Print/Type)	Martin G. Linihan	Telephone 716-856-4000
		Date April 25, 2005

I hereby Certify that this Correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450, on April 25, 2005.

Martin G. Linihan
Name

Signature

April 25, 2005
Date of Signature